



City of Holtville Recreation Department



Aqua-Zumba instructors are professional, experienced, and certified. Class size is limited and sessions will be filled on a first come-first serve basis.

S e p t e m b e r 3 - 2 7 , 2 0 1 2

Class		Mon	Tue	Wed	Thu
A		3 8:00 A.M.	4	5 8:00 A.M.	6
B			7:30 P.M.	7:30 P.M.	7:30 P.M.
A		10 8:00 A.M.	11	12 8:00 A.M.	13
B			7:30 P.M.	7:30 P.M.	7:30 P.M.
A		17 8:00 A.M.	18	19 8:00 A.M.	20
B			7:30 P.M.	7:30 P.M.	7:30 P.M.
A		24 8:00 A.M.	25	26 8:00 A.M.	27
B			7:30 P.M.	7:30 P.M.	7:30 P.M.

Please Mark One ☒

Class "A" \$25/Month ☐

These Sessions are 45 minutes long and held on Mondays & Wednesdays at 8 a.m.

Class "B" \$35/Month ☐

These Sessions are 45 minutes long and held on Tuesdays, Wednesdays, & Thursdays at 7:30 p.m.

D r o p i n R a t e s a r e \$ 5 / c l a s s

PARTICIPANT'S NAME: _____ AGE: _____
 ADDRESS: _____ CITY: _____ ZIP: _____
 EMERGENCY CONTACT: _____ PHONE: _____
 ALLERGIES/MEDICAL CONDITIONS: _____

I, _____ (participant) hereby agree to participate in the City of Holtville Aqua-Zumba Fitness Program. In consideration to engage in the above stated activities I hereby agree to indemnify and hold harmless the City of Holtville and its employees, instructors, or volunteers from any liability which may occur in connection with these activities. I hereby authorize emergency treatment to be given to myself if needed by competent medical personnel.

I HAVE CAREFULLY READ THIS RELEASE AND, HOLD HARMLESS THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS, I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND SIGN IT ON MY OWN FREE WILL.

Signature: _____ Date: _____

Make Check payable to:
 City of Holtville
 121 W. 5th Street
 Holtville, CA 92251

Date received _____
 Amt. received _____
 Cash \$ _____ Ch# _____
 Initials _____ Receipt # _____